

**SCHEDULE B**

**INSURANCE REQUIREMENTS - AGREEMENT WITH  
UNIVERSITY EMERGENCY MEDICINE ASSOCIATES, PSC**

**MEDICAL PROFESSIONAL LIABILITY INSURANCE:**

University Emergency Medicine Associates, PSC agrees to purchase and maintain a Medical Professional Liability insurance policy at its own expense, covering University Emergency Medicine Associates, PSC and all physicians assigned or authorized by University Emergency Medicine Associates, PSC under this agreement, which includes a minimum Limit of Liability of **\$1,000,000** for each alleged Wrongful Act, Error or Omission of the physician performing services under this agreement. In the event that this insurance policy is written on a "Claims Made" Form, University Emergency Medicine Associates, PSC shall furnish evidence that the liability coverage has been maintained for at least one (1) year after expiration of this agreement, either by submitting a renewal policy with a Retroactive Date of not later than the date of services commenced under this agreement, or by evidence that an Extended Reporting Period Endorsement has been purchased that will apply to any and all claims arising from services performed under this agreement. University Emergency Medicine Associates, PSC shall provide proof of such coverage by submitting a Certificate of Insurance to the Louisville Metro Police Department (**to be reviewed and approved by the Louisville Metro Risk Management Division**), and shall provide renewal Certificates of Insurance to the Louisville Metro Risk Management Division prior to the expiration of such coverage, so that continuous coverage is provided during the term of this agreement.

**ACCEPTABILITY OF INSURERS:**

Insurance is to be placed with insurance companies licensed in the State of Kentucky, or by non-admitted carriers in accordance with Kentucky Insurance Law (KRS 304.10-040), or through a self-insured group or captive insurance company which is approved by the Louisville Metro Risk Management Division.

**MISCELLANEOUS:**

A. Certificates of Insurance as requested above shall be furnished:

LOUISVILLE METRO POLICE  
ATTN: KAY BATES  
633 WEST JEFFERSON STREET  
LOUISVILLE, KY 40202

AND

LOUISVILLE METRO FINANCE DEPARTMENT  
RISK MANAGEMENT DIVISION  
611 WEST JEFFERSON STREET, ROOM 22  
LOUISVILLE, KY 40202

B. Approval of the insurance by the Metro Government shall not in any way relieve or decrease the liability of the University Emergency Medicine Associates, PSC or the physician(s) providing services hereunder. It is expressly understood that the Metro Government does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liability of the University Emergency Medicine Associates, PSC or the physician.

**WRITTEN FINDINGS**

**EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC**

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # \_\_\_\_\_. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

\_\_\_\_\_ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **\*\* Mayors Approval required for emergency purchases exceeding \$10,000.**

\_\_\_\_\_ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

    X     C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

\_\_\_\_\_ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

\_\_\_\_\_ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

\_\_\_\_\_ F. The contract is for proprietary items for resale.

\_\_\_\_\_ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

\_\_\_\_\_ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

\_\_\_\_\_ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

\_\_\_\_\_ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

\_\_\_\_\_ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

\_\_\_\_\_ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.

\_\_\_\_\_  
Requesting Department Director                      Date

\_\_\_\_\_  
Cabinet Secretary                                      Date  
*(When required by cabinets policy)*

\_\_\_\_\_  
\*\*Mayor    Date  
**\*\*Signature is required only for Written Finding A**

### CONTRACT DATA SHEET

PSC Type (check one):  New  Renewal  Addendum

#### Contractor Information

1. Legal Name of Contractor: University Emergency Medicine Associates PSC
2. Address: 530 South Jackson Street
3. City/ State & Zip: Louisville, KY 40202
4. Contact Person Name & Telephone Number: Rob Berg 852-7898
5. Revenue Commission Taxpayer ID#: 619204
6. If registration is not required please explain:
7. Is account in good standing:
8. Federal Tax ID # (SSN if sole proprietor):

#### Department Information

9. Requesting Department: Special Operations
10. Contact Person Name & Telephone: Lt Col Vince Robison 574-7660

#### Contract Information

11. Not to exceed amount: \$50 000
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable: N/A
14. Beginning and ending date of the contract: 7/1/2006 to 6/30/2007
15. Coding: 1101-305-2541-254147-521301
16. Scope & Purpose of the contract: Professional medical consultation and services.

#### Authorizations

ASL County Attorney Review - Approved as to Form:

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature certifies:

- Funds are available
- Contractor is registered and in good standing with the Revenue Commission
- Human Relations Commission registration requirements have been met

\_\_\_\_\_ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)